## **Employment and Day Services Protocol Checklist**

Person's Name		Date of Birth
	(Last, Fi	
Reviewer's Name	(Last, Fi	Appeals Submission Datest)
Technical Review		
☐ YES ☐ NO	Is the correct ISP?	funding source, site code and service code used in Section C of the
	If YES, contin	ue to Question #1 in Section A or B as applicable.
		wrong funding source, site code and service code is due to a simple the error and continue to Question #1 in Section A or B as applicable.
	have an appro provider quali	n lack of a site code because the provider is not licensed or does not oved provider agreement, deny as non-covered due to failure to meet ications as specified in the applicable Waiver and in the TennCare le to the waivers.
A. Initial Emplo	yment and D	ay Services
1.	Medical neces	ssity review questions:
a. 🗌 YES 🗌 NO	suppo involvi skills, neede indepe	e sufficient information in the Individual Support Plan (ISP) and ting documentation to show that the person has functional limitations and self-care, sensory/motor development, socialization, daily living communication, community living, employment or social skills that are doto acquire and successfully maintain paid employment, become more indent, integrated and productive in the community, or to build aships and natural supports; <b>AND</b>
b.  YES  NO	justify	e sufficient information in the ISP and supporting documentation to that the person needs individualized services and supports to enable son to:
	(1)	Acquire and successfully maintain paid employment; OR
	(2)	Become more independent, integrated and productive in the community, or to build relationships and natural supports with <i>specific</i> therapeutic goals and objectives; <b>AND</b>

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c. 🗌 YES 🗌 NO	c. Is the type of Employment and Day Services requested appropriate based on the person's needs, therapeutic goals and objectives; <b>AND</b>
d. 🗌 YES 🗌 NO	<ul> <li>Can the person be safely supported in the Employment and Day Services setting requested with minimal risk of self-harm, harm to others, or damage to property; AND</li> </ul>
e. 🗌 YES 🗌 NO	e. Is the type of Employment and Day Services requested the least costly alternative that is adequate to meet the needs of the person?
	If YES to "1.a." through "1.e.", proceed to Question #2.
	If <b>NO</b> to <b>any</b> criterion specified in "1.a." through "1.e." above, stop and <b>deny</b> as <b>not medically necessary.</b>
2. 🗌 YES 🗌 NO	Are services being requested to be provided in the person's place of residence? If <b>YES</b> , skip to Question #4.
	If <b>NO</b> , proceed to Question #3.
3.	Is the amount of Employment and Day Services requested consistent with and not in excess of the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting?
	If <b>YES</b> , stop and <b>approve</b> the amount of Employment and Day Services requested.
	If <b>NO</b> , <b>approve</b> that portion of the total amount of Employment and Day Services requested that is consistent with the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting. <b>Deny</b> as <b>not medically necessary</b> that portion of the total amount of Employment and Day Services requested that is in excess of the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting.
4. ☐ YES ☐ NO	Is there sufficient information in the ISP and supporting documentation to show that Employment and Day Services must be provided in the person's place of residence because flexibility is needed for a combination of community or facility-based and in-home day service supports based on the needs and preferences of the person because the person is of retirement age and has chosen retirement?
	If <b>YES</b> , proceed to Question #5.
	If <b>NO</b> , skip to Question #6.
5.  YES  NO	Is the amount of Employment and Day Services requested consistent with and not in excess of the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings?
	If <b>YES</b> , stop and <b>approve</b> the amount of Employment and Day Services requested in the home, community, and/or facility-based settings.

	If <b>NO</b> , <b>approve</b> that portion of the total amount of Employment and Day Services requested that is consistent with the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings. <b>Deny</b> as <b>not medically necessary</b> that portion of the total amount of Employment and Day Services requested that is in excess of the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings.			
6. YES NO	In-Hor the pe partici	ne Day s rson has pate in s	ent information in the ISP and supporting documentation to show that Services must be provided in the person's place of residence because is a health, behavioral or other medical reason or is unable to services outside the home, including Supported Employment, assed Day Services, and Facility-Based Day Services?	
		and the	e request is for a <b>limited duration</b> (up to a maximum of 90 days), below.	
		and the	e request is for a <b>long-term or ongoing basis</b> (more than 90 days), on #7.	
	(as de comm	termine	o Question #3. Medically necessary Employment and Day Services d in Question #3 above) will be approved in the most integrated d/or facility-based setting appropriate. In-home Day Services will not	
a. 🗌 YES 🗌 NO	a.		ne Day Services requested in the person's place of residence for a <b>I duration</b> (up to a maximum of 90 days):	
		excepti Service	e documentation in the ISP and supporting documentation of ional circumstances that require the provision of In-Home Day es in order to meet the person's specifically identified medical or oral needs, as follows:	
		(1)	Psychiatric destabilization; <b>OR</b>	
		(2)	Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), <b>OR</b>	
		(3)	Other physical or behavioral health needs which would necessitate short-term care in the person's place of residence; <b>AND</b>	
b. 🗌 YES 🗌 NO	b.		ent written order is included from the person's physician or Behavioral t which includes the following:	
		(1)	Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; <b>AND</b>	
		(2)	The duration of the care which is required to provide this treatment in the person's place of residence; <b>OR</b>	
c. 🗌 YES 🗌 NO	C.		avior Support Plan is included which is time limited and includes a plan out in-home services with increasing community services?	

	If YES to either "6.a." and "6.b." or "6.a." and "6.c.", skip to Question #8.		
	If <b>NO</b> to "6.a." and "6.b." and "6.a." and "6.c.", return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-Home Day Services will not be approved.		
7.			requested in the person's place of residence on a long-term or ongoing an 90 days):
a. 🗌 YES 🗌 NO	a.	excepti in the p	e documentation in the ISP and supporting documentation of ional circumstances that require the provision of In-Home Day Services person's home in order to meet the person's specifically identified all or behavioral needs, as follows:
		(1)	Psychiatric destabilization; <b>OR</b>
		(2)	Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), <b>OR</b>
		(3)	Other physical or behavioral health needs which would necessitate care on a long-term or ongoing basis in the person's place of residence; <b>AND</b>
b. 🗌 YES 🗌 NO	b.		ent written order is included from the person's physician or Behavioral t which includes the following:
		(1)	Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; <b>AND</b>
		(2)	The duration of the care which is required to provide this treatment in the person's place of residence; <b>OR</b>
c. 🗌 YES 🗌 NO	C.		avior Support Plan is included which is time limited and includes a plan out in-home services with increasing community services?
	If YES	to <b>eithe</b>	er "7a." and "7.b." or "7.a." and "7.c.", proceed to Question #8.
	neces: will be	sary Em approve	and "7.b." and "7.a." and "7.c.", return to Question #3. Medically ployment and Day Services (as determined in Question #3 above) ed in the most integrated community and/or facility-based setting 1-home Day Services will not be approved.
8. YES NO	of the	amount	of In-Home Day Services requested consistent with and not in excess of In-Home Day Services needed to (1) meet the person's needs and ish the therapeutic goals and objectives in the home setting?
	If YES	s, stop ar	nd approve the amount of In-Home Day Services requested.
	If <b>NO</b> , <b>approve</b> that portion of the total amount of In-Home Day Services requested that is consistent with the amount of In-Home Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.		

	<b>Deny</b> as <b>not medically necessary</b> that portion of the total amount of In-Home Day Services requested that is in excess of the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.
☐ Approved	
☐ Denied	
Reviewer signature and date	

## B. Continuation of Employment and Day Services

1.	Medi	Medical necessity review questions:		
a. 🗌 YES 🗍 NO	а.	support function socialize or social employe	sufficient information in the Individual Support Plan (ISP) and ing documentation to show that the person continues to have all limitations involving self-care, sensory/motor development, ation, daily living skills, communication, community living, employment all skills that are needed to acquire and successfully maintain paid ment, become more independent, integrated and productive in the nity, or to build relationships and natural supports; AND	
b.  YES  NO	b.		sufficient information in the ISP and supporting documentation to justify es to need individualized services and supports to enable the person	
		(1)	Acquire and successfully maintain paid employment; OR	
		(2)	Become more independent, integrated and productive in the community, or to build relationships and natural supports with specific therapeutic goals and objectives; <b>AND</b>	
c. 🗌 YES 🗌 NO	C.		rpe of Employment and Day Services requested appropriate based on son's needs, therapeutic goals and objectives; AND	
d. 🗌 YES 🗌 NO	d.		e person be safely supported in the Employment and Day Services requested with minimal risk of self-harm, harm to others, or damage to y; AND	
e. 🗌 YES 🗌 NO	e.		rpe of Employment and Day Services requested the least costly ive that is adequate to meet the needs of the person?	
	If YES	<b>S</b> to "1.a.'	through "1.e.", proceed to Question #2.	

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	If <b>NO</b> to <b>any</b> criterion specified in "1.a." through "1.e.", stop and <b>deny</b> as <b>not</b> medically necessary.
2. 🗌 YES 🗌 NO	Are services being requested to be provided in the person's place of residence?
	If <b>YES</b> , skip to Question #4.
	If <b>NO</b> , proceed to Question #3.
3.   YES   NO	Is the amount of Employment and Day Services requested <i>still consistent with</i> and not <i>in excess of</i> the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting?
	If <b>YES</b> , stop and <b>approve</b> the amount of Employment and Day Services requested.
	If <b>NO</b> , <b>approve</b> that portion of the total amount of Employment and Day Services requested that continues to be consistent with the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting. <b>Deny</b> as <b>not medically necessary</b> that portion of the total amount of Employment and Day Services requested that is in excess of the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the community and/or facility-based setting.
4. 🗌 YES 🗌 NO	Is there sufficient information in the ISP and supporting documentation to show that Day Services must be provided (or continue to be provided) in the person's place of residence because flexibility is needed for a combination of community or facility-based and in-home day service supports based on the needs and preferences of the person because the person is of retirement age and has chosen retirement?
	If <b>YES</b> , proceed to Question #5.
	If <b>NO</b> , skip to Question #6.
5.   YES   NO	Is the amount of Employment and Day Services requested consistent with and not in excess of the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings?
	If <b>YES</b> , stop and <b>approve</b> the amount of Employment and Day Services requested in the home, community, and/or facility-based settings.
	If <b>NO</b> , <b>approve</b> that portion of the total amount of Employment and Day Services requested that is consistent with the amount of Employment and Day Services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings. <b>Deny</b> as <b>not medically necessary</b> that portion of the total amount of Employment and Day Services requested that is in excess of the amount services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home, community, and/or facility-based settings.

6. YES NO	Is there sufficient information in the ISP and supporting documentation to show that In-Home Day Services must be provided (or continue to be provided) in the person's place of residence because the person has a health, behavioral or other medical reason or is unable to participate in services outside the home, including Supported Employment, Community-Based Day Services, and Facility-Based Day Services?  If YES and the request is for a limited duration (up to a maximum of 90 days), proceed to "a." below.  If YES and the request is for a long-term or ongoing basis (more than 90 days), skip to Question #7.  If NO, return to Question #3. Medically necessary Employment and Day Services
	(as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-home Day Services will not be approved.
a. 🗌 YES 🗌 NO	a. In-Home Day Services requested in the person's place of residence for a limited duration (up to a maximum of 90 days):  Is there documentation in the ISP and supporting documentation of exceptional circumstances that require the provision of In-Home Day Services in order to meet the person's specifically identified medical or behavioral needs, as follows:
	<ul> <li>(1) Psychiatric destabilization; OR</li> <li>(2) Medical concerns/necessity (e.g. post surgery recovery, pneumonia, or cancer treatment), OR</li> <li>(3) Other physical or behavioral health needs which would necessitate short-term care in the person's place of residence; AND</li> </ul>
b.  YES  NO	<ul> <li>b. A current written order is included from the person's physician or Behavioral Analyst which includes the following:</li> <li>(1) Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; AND</li> <li>(2) The duration of the care which is required to provide this treatment in the person's place of residence; OR</li> </ul>
c. 🗌 YES 🗌 NO	c. A Behavior Support Plan is included which is time limited and includes a plan to fade out in-home services with increasing community services?  If <b>YES</b> to <b>either</b> "6.a." and "6.b." or "6.a." and "6.c.", skip to Question #8  If <b>NO</b> to "6.a." and "6.b." and "6.a." and "6.c.", return to Question #3. Medically necessary Employment and Day Services (as determined in Question #3 above) will be approved in the most integrated community and/or facility-based setting appropriate. In-home Day Services will not be approved.

7.	Day Services requested in the person's place of residence on a <b>long-term or ongoing basis</b> (more than 90 days):		
a. 🗌 YES 🗌 NO	a.	exception in the pe	documentation in the ISP and supporting documentation of anal circumstances that require the provision of In-Home Day Services erson's home in order to meet the person's specifically identified or behavioral needs, as follows:
		(1)	Behavioral destabilization; <b>OR</b>
		(2)	Medical concerns/necessity (e.g. post surgery recovery, pneumonia or cancer treatment), <b>OR</b>
		(3)	Other physical or behavioral health needs which would necessitate care on a long-term or ongoing basis in the person's place of residence; <b>AND</b>
b. 🗌 YES 🗌 NO	b.		ent written order is included from the person's physician or Behavioral t which includes the following:
		(1)	Specific therapeutic goals which necessitate treatment in the person's place of residence rather than in the community; <b>AND</b>
		(2)	The duration of the care which is required to provide this treatment in the person's place of residence; <b>OR</b>
c. 🗌 YES 🗌 NO	C.		avior Support Plan is included which is time limited and includes a plan out in-home services with increasing community services?
	If YES	6 to eithe	er "7.a." and "7.b." or "7.a." and "7.c.", proceed to Question #8
	and D	ay Servi	and "7.b." and "7.a." and "7.c.", approve the amount of Employment ces to be provided in the most integrated setting and as medically accordance with "3" above.
8. 🗌 YES 🗌 NO	exces	s of the a and (2)	of In-Home Day Services requested still consistent with and not in amount of In-Home Day Services needed to (1) meet the person's to accomplish the therapeutic goals and objectives in the home
	If YES	<b>3</b> , stop ar	nd approve the amount of In-Home Day Services requested.
	that co (1) mo object	ontinues eet the pe tives in th	e that portion of the total amount of In-Home Day Services requested to be consistent with the amount of In-Home Day Services needed to erson's needs and (2) to accomplish the therapeutic goals and ne home setting. <b>Deny</b> as <b>not medically necessary</b> that portion of nt of In-Home Day Services requested that is in excess of the amount

	of services needed to (1) meet the person's needs and (2) to accomplish the therapeutic goals and objectives in the home setting.
☐ Approved	
☐ Denied	
Reviewer signature and date	